

RHODE ISLAND 2000 BRFSS STATE-SPECIFIC ASTHMA MODULE

Now, I'd like to ask you a few questions about coughing or breathing problems you may have had in the past year that were not related to colds or other infections.

1. Excluding colds and other infections, during the past 12 months, have you experienced coughing spells that take minutes or hours to go away or that never go away completely?
 - a. Yes 1
 - b. No **Go to Q.3** 2
 - Don't know/Not sure **Go to Q.3** 7
 - Refused **Go to Q.3** 9
2. Thinking about the times that you had coughing spells, did you also bring up phlegm or sputum with your cough?
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
3. During the past 12 months, have there been times when you had tightness in your chest?
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
4. During the past 12 months, have there been times when you had wheezy breathing?
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

5. During the past 12 months, have there been times when you had shortness of breath when you were not exercising?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If none of the symptoms mentioned in Qs.1-5 is present (cough, phlegm, chest tightness, wheezy breathing, or shortness of breath), Go to Question 10. If no symptoms in Qs.1-5 but an asthmatic in core Q.3.1a=1, Go to Question 9.

The next three questions are about how the [Insert positive symptoms from Qs 1-5] may have affected you in the past 2 weeks.

6. In the past 2 weeks, were you awakened from sleep by the [Insert positive symptom(s) from Qs.1-5]?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

7. In the past 2 weeks, how many days were you kept from work, school or any other daily activity because of the [Insert positive symptoms from Qs. 1-5]?

8. In the past 2 weeks, how many days were you free from the [Insert positive symptoms from Qs. 1-5]?

If chest tightness in Q.3b=2 and shortness of breath in Q.5b=2 are not present, Go to Question 10.

9. Do you currently take any medication to help you breath better?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |